
Community-based Breast Cancer Intervention Program for Older African American Women in Beauty Salons

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Ms. Forte is a student in the University of California at Los Angeles School of Public Health. Her proposal tied for second place in the 1994 Secretary's Award for Innovations in Health Promotion and Disease Prevention competition. It has been revised and edited for publication. The contest is sponsored by the Department of Health and Human Services and administered by the Health Resources and Services Administration of the Public Health Service in cooperation with the Federation of Associations of Schools of the Health Professions. The entry was submitted by the University of California at Los Angeles School of Public Health, Antronette K. Yancey, MD, MPH, faculty advisor.

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Synopsis

African American women are at high risk for morbidity and mortality from breast cancer. African American women ages 50 and older have been a difficult group to reach through conventional breast cancer intervention programs. Cultural and health beliefs that differ from mainstream society are reported to be factors contributing to the low rates of breast screening among this group. In addition to these attitudinal factors, older African American

women are disproportionately represented among uninsured and under-insured Americans. As a result, cost becomes a barrier to mammography screening for many of these women.

This project proposes to increase breast cancer screening awareness and provide a referral or free breast screening, or both, for African American women ages 50 and older. This information will be offered in the culturally familiar setting of local beauty salons. The culturally sensitive educational pamphlets developed by the National Cancer Institute (NCI) and video developed by the NCI-funded project, Cancer Prevention Research Unit, will be used to promote mammography, clinical breast examinations, and breast self-examination.

Providers staffing a mobile mammography van provided by Dr. Anitha Mitchell of the Association of Black Women Physicians through a grant from the Breast and Cervical Cancer Control Program, funded by the Centers for Disease Control and Prevention, will perform mammograms for women on site during scheduled intervals. A followup telephone survey will be conducted.

BREAST CANCER is the most commonly diagnosed cancer and the second leading cause of death from cancer for women in the United States (1). African American women have a greater risk of being diagnosed with advanced stages of breast cancer than white women (2). As a result, the morbidity and mortality rates of African American women due to breast cancer are higher relative to white women in the United States although their reported incidence of breast cancer is lower (3). Underuse of available screening programs by African American women has been attributed to lack of belief in their susceptibility and other attitudinal barriers, as well as access barriers such as cost (4). These factors are often the difference between early and late diagnosis and intervention.

Reaching women in the African American community who are ages 50 or older has been a difficult task for those who conduct most breast cancer intervention programs. Many African American

women do not visit physicians regularly and when they do, they are not referred for mammograms as frequently as whites (5,6). The lack of physician referral for mammograms is often interpreted as a lack of need for a mammogram by the women (2,7). Thus, additional means of educating and screening African American women must be pursued.

Literature Summary

Late stage diagnosis and the decreased survival rates for breast cancer of African Americans are pressing public health problems. The urgent need for interventions that target the African American population is a result of the large disparity in breast cancer survival rates between African American women and white women (2). The mortality rates are 31.0 per 100,000 white women compared with 34.8 per 100,000 for African American women (2). The higher mortality rate for breast cancer among African

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American women has been largely attributed to late stage diagnosis.

Mammography is the most effective method currently available for early detection of breast cancer (5). Numerous public health intervention programs have been created to increase the number of women who receive mammograms and are taught how to do breast self-examination (BSE) (8,9). In general, these programs have proven effective for white women but have not effectively reached many African American women. The lower socioeconomic status and educational levels of African American women compared with white women are reported to contribute to underuse of breast screening, resulting in higher breast cancer mortality and morbidity rates among African American women (2,3,10,11).

In addition, cultural differences in perceived susceptibility and other attitudinal barriers such as fear and embarrassment contributed to the underuse of mammograms and BSE among African American women ages 50 and older (4). It has been reported that these older women are less likely to assimilate into mainstream European culture. Instead they tend to adhere to traditional cultural beliefs and values that may not recognize the utility of mammography or BSE (3,12). African American women often congregate, exchange information, and network in places that are different from those used by women in mainstream America.

Intervention programs implemented in local community centers, clinics, and churches have all been effective in reaching African American women. In addition to these sites, African American women have evolved a unique oral cultural tradition around beauty salons. This oral exchange of family histories and information remains important to the preservation of African American culture and social interaction. African American women, including those 50 and older, regularly network, exchange information, and talk about local news and issues in beauty salons, and beauticians are often opinion leaders within this community. Information dissemination as well as providing beauty services is a large part of their functions. A pilot study in Los Angeles conducted by Mary Ashley, PHN, MPH, of the Drew-Meharry-Morehouse Cancer Consortium at Drew University of Medicine and Science, demonstrated the receptivity

of beauticians to receiving training on breast cancer and communicating this information to clients orally and in pamphlet form at their salons.

A growing number of older African American women are uninsured or under-insured for health care (2). The cost of a mammogram is a deterrent to screening, and low socioeconomic status compounded by the lack of referral by physicians constitute major barriers to the use of breast cancer screening among African American women (7). According to the Department of Health and Human Services, one of the most important reasons reported for not receiving a mammogram was lack of a physician's recommendation (11).

Physician referral is important among older women. Many older African American women were socialized during a time when the advice of a physician was a very important influence on their health-seeking behavior (3). As a result, older African American women who are not referred for mammograms are often not screened. Viewing a culturally sensitive video that incorporates physician endorsement of mammography may link some older African American women more effectively with screening programs.

The mass media has successfully promoted health screening practices. Electronic dissemination of public health information is particularly important for groups who have little education. According to Michielutte and Diseker, African Americans tend "to obtain information on cancer from television and radio, while whites rely more on printed material" (13).

Videos have proven effective and successful in promoting other health screening practices. For example, a culturally sensitive video successfully motivated behavior change by inner city black patients with gonorrhea. Patients in the intervention group showed an increase in knowledge and in numbers returning for test-of-cure examinations regardless of their educational level, according to "Increased Cancer Screening Behavior in Women of Color by Culturally Sensitive Video Exposure," an unpublished study by A. Yancey and S. Tanjasiri.

"Once a Year for Lifetime," a 30-minute film produced by the Revlon/UCLA Women's Cancer Research Program, tells of five women who have had breast cancer or who know someone with breast cancer. The film is hosted by Jane Pauley and Phylicia Rashad, and the cast is composed of other well-known celebrities. A beauty salon is the setting for much of the story. It was designed to educate women about breast cancer detection and diagnosis, using celebrities and the beauty salon setting to add

to the receptiveness of the message. This film was aired as a public service on NBC in 1990.

The impact of ethnically relevant role models, including celebrities, on changing the awareness and behavior of members of the same ethnic group also was exemplified in a study by Kalichman and Hunter (14). This study examined the effect of Earvin "Magic" Johnson's disclosure that he was HIV seropositive on the risk perceptions of men. The researchers found that African American men had a significantly larger increase in perceived risk than white men.

Given the obstacles to direct physician referral and acquisition of information from mainstream written materials, showing a culturally sensitive video that promotes mammography could significantly increase screening among African American women ages 50 and older. "A Life-Saving Choice," a culturally sensitive video that promotes mammography and breast self-examination among African American women, was developed by the National Cancer Institute's (NCI) Cancer Prevention Research Unit. Following the 7.5-minute video is a 60-second public service announcement by Nancy Wilson, a well-known African American jazz singer. "A Life-Saving Choice" may effectively overcome many attitudinal barriers, including the perception of low susceptibility. The depiction of ethnically relevant role models promotes greater identification with the video subjects and the risk of breast cancer. Perceived susceptibility increases when the viewer sees that the illness happens to people just like her (4).

Project Objectives

To address the needs of low-income, older African American women for breast cancer screening and education, the following objectives are proposed:

- Target approximately 250 African American women, ages 50 and older, within 8 months.
- Provide breast cancer prevention information that is culturally sensitive and relevant.
- Use culturally familiar settings, four local beauty shops, as the loci of intervention.
- Provide access to free breast cancer screening (clinical breast examination and mammography) for approximately 125 women, either in a mobile unit at one of the salons or at a local clinic.

Methodology

This intervention project is designed to deliver breast cancer education through print and electronic

media. A pamphlet will be distributed and "A Life-Saving Choice," will be shown to older African American women while they are receiving services at their local hair salon. Arrangements will be made with four local beauty salons in Los Angeles that cater to African American women. The video and the public service announcement trailer by Nancy Wilson will be shown with the permission of Antronette Yancey, MD, MPH, of the Cancer Prevention Research Unit at the University of California, Los Angeles.

This video provides background information about breast cancer and uses African American women patients and health provider experts as video subjects, showing breast self-examination and a mammogram. The video emphasizes relevant cultural dynamics, information comprehensible to people with little formal education, and elements with entertainment value, that is, music (4). Throughout the film, messages that reinforce the importance of early screening and the necessity of actively requesting mammograms are conveyed by African American women. A voice-over announcement will be added to the end of the video, notifying women that they may receive a followup telephone call.

The video will be continuously displayed in the salon service areas during the hours of salon operation. The salon operator or cashier will distribute "Do the Right Thing" or a current NCI mammography pamphlet targeting African American women. Vouchers for free mammograms at a local clinic will be given to customers along with a listing of low or no-cost services for those not meeting the financial qualifications. In addition, the date and time for the mammography van's visit at the salon will be posted prominently for women who wish to receive mammograms from the mobile unit. These free services are available through the NCI's Breast and Cervical Cancer Control Program for those women meeting the financial requirements.

During the 8-month period of the pilot study, the mobile unit will provide mammograms every fourth Saturday, rotating salon sites each month. Based on Mary Ashley's work, salon operators who serve 25-50 older women on Saturdays may be readily identified in economically disadvantaged areas of Los Angeles. She estimates that 50 percent or more will qualify for free screening. The four beauty salons in this pilot study will be in close proximity, making it convenient for women to receive mammograms from the mobile unit at any of the four sites.

The evaluation questionnaire will be administered at the site of the mobile unit. Exit interviews will be conducted with each consenting client. Followup

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telephone surveys to determine adherence to BSE and CBE mammography screening guidelines will be conducted. Beauticians at the other three salons will be asked to make their appointment logs available (noting kept appointments, no-shows and walk-ins). Passive consent will be obtained, and these women will be interviewed by telephone at baseline and at 6 months.

A UCLA Human Subjects Review Committee exemption will be sought for this project. Passive consent for the followup survey will be obtained by mailing post cards explaining the project and providing a telephone number to call and refuse participation.

Significance of the Project

This project addresses the public health and community need to reach older African American women who are not being reached through conventional means. Culturally relevant breast cancer intervention programs that target African American women ages 50 and older are needed due to the ineffectiveness of mainstream programs in reaching this group. The cultural differences and special needs of these women at high risk for breast cancer have caused them to be left out of the intervention loop. Offering on-site screening and free screening through one or more local clinics will provide African American women of lower socioeconomic status mammograms that they otherwise could not afford. Screening of women 50 and older can decrease mortality due to breast cancer by 30 to 40 percent (11). This project will provide important and culturally tailored information in a culturally familiar setting.

Ways in Which the Project is Innovative

Community-based breast cancer intervention programs have been implemented in a variety of venues, but none reported in the medical literature were based in beauty salons where the clientele is more than 90 percent African Americans. A beauty salon setting was used in the film because it is familiar to many

women. In addition, in the Ashley study, breast cancer prevention pamphlets were distributed at beauty salons. Outcome data for this project are not yet available, but receptivity of operators and clients suggests that this approach is feasible. By showing the video where African American women already exchange information and socialize, they are more likely to understand and accept the benefit of mammography. They will also have an immediate or nearly immediate opportunity, with social support, to act on their change in knowledge and attitude.

Summary of Evaluation Methods

Three methods will be used to evaluate the effectiveness of the video and pamphlets in increasing breast cancer awareness and promoting screening behavior:

1. Short evaluation surveys (adapted from the knowledge-attitudes-ethnic identity questionnaire designed by Dr. Yancey) will be completed by each participant after the consent procedures specified previously are followed. These surveys will be conducted in person at the salon hosting the mobile unit and by telephone for women viewing the video at the other sites. The baseline survey form collects demographic information (including followup contact address and telephone number), breast cancer knowledge, the relevance of the video, and the behavioral intention of the participant to receive a mammogram as a result of the intervention.
2. An estimate of the number of beauty salon clients who received mammograms at the clinic to which they were referred will be obtained through collection of the vouchers.
3. A followup telephone survey will be conducted 6 months after the participant views the tape to ascertain adherence to screening guidelines.

Budget Summary and Justification

Piloting the breast cancer intervention project in four beauty salons in Los Angeles would involve the cooperation of salon owners and the coordination of space in the salons for the video equipment and pamphlets.

Rental of 4 industrial VCR-TV units at	
\$45 per month per unit	\$1,440
4 videos provided by UCLA	0
Rental of 4 TV stands at \$15 per month	
per stand	480
Local transportation (mileage).....	125

400 pamphlets provided by NCI	0
Photocopying	250
Telephone	210
Postage	150
40 hours of data analysis time at \$15 per hour	600
Mammograms provided by BCCCP (Dr. Anitha Mitchell)	0
Honoraria for participating beauticians at \$100 each	400
Total	<u>\$3,655</u>

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